

CLAIMS ONLY

Application Number

**Filing Date**

3/29/72 10/72, 605  
Abilcari(s)

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 3/29/01		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
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Total dep						
Total indep.						
Total claims						

* May be used for additional claims or amendments						
	Indep.	Depend	Indep.	Depend	Indep.	Depend
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99						
100						
Total indep.	5					
Total Depend	55					
Total Claims	60					